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Agency of Human Services

SUCCESS BEYOND SIX MINIMUM STANDARDS FOR BEHAVIORAL INTERVENTIONISTS

Department of Mental Health

And

Department of Education

Attached are the Minimum Standards for Behavior Interventionists. These standards are in response to the Report to Vermont House Committees on Education and on Human Services and Vermont Senate Committees on Education and on Health and Welfare From The Agency of Human Services and the Department of Education Recommendations and Implementation Plan on Success Beyond Six.

Summary of the Report

In May 2007, the Senate Appropriations Committee called for the creation of a study committee to examine Vermont's school-based mental health services with the following charge.

The Secretary of the Agency of Human Services and the Commissioner of Education shall convene a summer study group to ensure that expenditures in this area utilize best practices, yield positive outcomes, and are managed to a predictable rate of growth.

(1) *This study will result in recommendations regarding:*

- (A) *Mechanisms for managing Success Beyond Six services in a capped Medicaid environment to ensure the effective delivery of services to school-age children and controlled growth;*
- (B) *Prioritizing Success Beyond Six populations and/or services for growth within the constraints of the waiver cap. This will include exploring whether prevention and mental health wellness programs can or should be funded within this model;*
- (C) *Decreasing administrative burdens of service provision where ever possible.*

The following recommendations are the focus of the report:

- 1. Capitalize on the Positive Behavioral Supports model for all students.**
- 2. Define quality standards for the behavior interventionist position used with students in special education who have an emotional disturbance.**
- 3. Promote Vermont's current evidence based practice (EBP) model to benefit students who have a diagnosis of autism spectrum disorder.**
- 4. Improve administrative processes:**

Minimum Standards for Behavior Interventionist

The development of these standards is in response to recommendation 2 – “Define quality standards for the behavior interventionist position used with students in special education who have an emotional disturbance.”

Further recommendations from this report include:

“establish an *ad hoc* group to define standards for the use, training, practice, supervision, and outcomes of Behavior Interventionists. As a key component of the SBS work with students in Special Education who have an emotional disability, it is important to assure schools and students, wherever they live in Vermont, are receiving a clearly defined, quality service capable of achieving desired outcomes in accordance with the 2005 Part B of the IDEA Interagency Agreement between DOE and AHS.”

Description of a Behavioral Intervention Program

The Behavioral Intervention Program (BI Program) is a collaboration between the local Designated Agency (DA) Children's Mental Health Program and local educational program to provide mental health services and behavioral intervention with targeted students in a school setting. The BI Program is composed of employees, and possibly contracted staff, of the DA. At the core is a Behavior Interventionist (BI) who provides the direct service to the student in the school setting. The BI is supported with a team of clinical professionals, including a clinical supervisor and Behavior Specialist (may be contracted by the DA). The Program services are individualized to the student's mental health and behavioral needs to help the student access his/her academics. The BI Program includes clinical training and supervision of the BI, initial and ongoing assessment by clinical professionals, and behavior interventions that are grounded in the assessment and behavior support plan as described in the Minimum Standards.

While it is recognized that the BI Program is not an evidence based practice, there is practice-based evidence: the use and development of BI's and minimum standards comes after 12 years of experience of DA's working with schools to deliver high quality mental health support within the school structure. Furthermore the BI program continues to evolve and work in partnership with Positive Behavior Supports, a highly recognized evidence based practice that DOE is implementing with support from DMH.

Description of a Behavior Interventionist

The term *Behavior Interventionist (BI)* is used to describe mental health staff who provide 1:1 or small group assistance to students struggling with an emotional disability in a classroom or school setting within the context of an individualized behavior support planning process. This position of behavior interventionist has been endorsed in practice by many schools even in the face of tight school budgets.

Emotional disabilities can significantly impact a student's ability to access a free, appropriate, public education (FAPE) and as a result that student may need specialized education services. In many situations, mental health services can help support a student to learn in the classroom. Some of these students will also receive mental health services in the community. Therefore, Individualized Education Plans often call for mental health services.

BI's are employees of a Designated Agency (DA) often referred to as a community mental health center (CMHC). The BI works directly with a student in his/her education program and provides support and services to help the student develop skills, reduce behavior issues and increase the student's ability to access his/her education. The BI is trained, supported and supervised by the BI Program and in coordination with the school. The contract between the BI program and the school further defines the co-supervision structure.

Key Questions from Success Beyond Six Report Related to Behavior Interventionist

This document addresses the nine key questions from the report specifically related to minimum standards for Behavior Interventionist.

1. For whom, and under what circumstances, should a behavior interventionist be used (versus a para-educator, class room aide)
2. Define the linkage between behavior interventionists and those schools implementing PBS and those schools which are not.

3. Define the core competencies for Behavior Interventionists.
4. Define standards for training and experience in supervisors of Behavior Interventionists.
5. Define standards for the amount and type of supervision given to Behavior Interventionists.
6. Establish guidelines for student - provider ratios and other key practice elements.
7. Recommend standardized assessment protocols to guide the activities of behavior interventionists working with students and to evaluate the effectiveness of the interventions.
8. Define standardized evaluation processes to help determine when a student no longer needs intensive behavioral support.
9. Define what data on outcomes should be tracked at the local and state levels.

The Development Process for the Minimum Standards

The minimum standards draft was developed based on current best practice in several community mental health centers. Two provider meetings were held in which programs presented their current process for referral and assessment, training and core competencies of staff, and supervision structure. Common elements in the programs were composed and collated into minimum standards. Positive Behavior Supports (PBS) practice was reviewed and considered in the development since many schools are moving towards implementation of PBS and the use of Functional Behavior Assessment (FBA) and its principals at the secondary and tertiary levels (for more information on PBS and FBA visit: <http://www.pbis.org>). These minimum standards are fluid and will need to change over time as more schools move towards PBS and the role of the BI may need to be adjusted to support PBS. To read the entire Success Beyond Six summer study visit: <http://www.healthvermont.gov/mh/docs/research-pubs>.

Minimum Standards for Behavior Interventionist

Eligibility, Referral, Assessment (initial, ongoing, discharge), Behavior and Treatment Planning

Eligibility Criteria for Behavior Interventionist Services:

The BI Program, in collaboration with education, will determine if student is eligible for the BI Program services based on the following criteria:

- 1) Student has a mental health diagnosis; AND
- 2) The student is enrolled in Special Education and has an (IEP); or has a 504 plan; or an Educational Support Team plan or a Behavior Support Plan that identifies support needs that might be addressed using a Behavior Interventionist; AND
- 3) A history of any lower level interventions/services provided including private/public mental health and school based services have been tried and have not been successful. These interventions/services have not had sufficient impact on student's mental health or behavioral issues in order to increase student's ability to access academics; AND
- 4) An individualized mental health and behavioral supports approach is indicated (by a CBCL, clinical documentation, FBA or other evaluations); AND
- 5) Student is at risk of a more restrictive educational alternative placement in an out of school program or residential school program, OR
- 6) The student is transitioning back into public school from an alternative school or residential school placement.

The eligibility of a student for a Behavior Interventionist Program should be determined at the minimum of each school year.

Referral and Assessment Process

Each Designated Agency may have a different referral process due to program structure. However there will be common assessment protocols to guide the activities of behavior interventionists working with students and to evaluate the effectiveness of the interventions.

A. Referral Assessment Protocol:

- 1) The IEP team, 504 team, Educational Support Team or Behavior Support team in consultation with the district administrator makes initial determination to refer for this level of intervention
- 2) Meeting with team including family, education and BI Program staff, prior to acceptance to discuss referral, goals and program.
- 3) Education team provides to BI Program (and in adherence to FERPA/HIPAA):
 - Child Behavior Checklist (CBCL) and Teacher Report Form (TRF) (from the Achenbach System of Empirically Based Assessment: ASEBA)
 - Relevant clinical information

- IEP or 504 plan and related educational evaluations
- 4) Qualified individuals from the BI Program will (with adherence to HIPPA):
 - Provide a mental health evaluation, including developmental history, past treatment history, family history, medical history, substance use and trauma screening, strengths and resources, mental status, diagnosis or impression, clinical formulation and treatment recommendations.
 - Conduct a Functional Behavioral Assessment and/or analysis as indicated.
 - Conduct a direct observation of student in educational setting
 - Develop and provide a behavioral support plan

B. Behavior Support Plan

Behavior Support Plan is developed in conjunction with a student's Individual Treatment Plan. The Behavior Support Plan incorporates the assessment findings, identified target behaviors, measurable goals and data elements. The Behavior Support Plan should be shared with all team members and the student to the extent appropriate.

C. Ongoing Assessment Protocol:

- 1) Daily measurement and recording of data elements based on student's behavior.
- 2) Regular supervision to review daily behavioral data in context of treatment plan
- 3) Regular team meetings to incorporate information from data and direct observation by team
- 4) Adjust plan as needed based on above information and provide prompt attention to changes in behavior either positive or negative
- 5) Child Behavior Checklist and Teacher Report Form at 6 month intervals

D. Discharge Assessment Protocol:

- 1) Members of the BI Program, in collaboration with the educational team, will monitor behavioral data points ongoing to determine adjustments to the plan as indicated. (additional supports or less supports).
- 2) CBCL, TRF and YSR (where appropriate) completed every 6 months.
- 3) Treatment team reviews progress and makes determination for change in level of services either increasing, decreasing, or ending this level of supports.
- 4) At the end of the school year reevaluate for continued need of this level of service and if student no longer requires a BI, provide a transition and discharge plan. In the event, the student has an IEP, transition and planning must take place within the context of the IEP planning process.

Standard Program Elements: Behavior Interventionist-to-Student Ratio and Key Practices

Guideline for BI-to-Student Ratio

The BI to student Ratio can range from 1:1 to 1:4 based on assessment of student need. The decision to use a specific ratio will be determined through the initial and on-going assessment. When a student begins to make sufficient progress but still requires some level of support the team may decide to increase the student ratio in order to continue to provide some level of support to the student. Alternatively it may be determined from the initial

referral that a number of students may benefit from a Behavior Interventionist but they do not require full time support.

Key Practices of Behavior Interventionist Services Delivery

- Goal of BI Program services is to support student participation in regular classroom learning by providing emotional and behavioral support in coordination with school personnel; does not provide curriculum content support or direct instruction.
- BI provides pro-social and coping skill development.
- Clinical decision-making including matching of BI to student, admission, discharge, changes in ratio, and treatment is lead by qualified mental health staff of the BI Program in conjunction with the school team responsible for the education of the student.
- Team meetings occur regularly and are facilitated by BI program staff.
- Coordination between mental health services, school, family and other community partners as needed.
- Plan is established for BI absences as agreed upon by school, family and mental health agency (e.g. BI substitute available, school provides coverage, or alternative school plan).
- BI services are provided during school hours.
- Ongoing assessment protocol
- Seclusion and restraint are minimized and only utilized after less intrusive crisis interventions are attempted and only in cases of imminent risk of harm. This is conducted only by staff trained in crisis intervention (see training requirements below). The values of the program focus on efforts to significantly reduce the use of seclusion and restraint, and prioritize early and alternative interventions. The BI Program will review use of seclusion and restraint in the context of the student's individual support plan and make adjustments as indicated. The BI Program will also review trends in the use of seclusion and restraint and, in conjunction with education, develop strategies to reduce or eliminate such practices.
- Crisis response services, consultation and mental health assessment are available during contracted time and a crisis prevention/response plan is developed if needed during non-school hours.
- Transition plan to lower level of supports
- Plan incorporates work with the family system

<p style="text-align: center;">Core Competencies for Behavior Interventionist and Supervisors Supervision Structure</p>

Core Competencies for Behavior Interventionist

Core competencies may be further developed by training and/or supervision. This includes minimum training requirements.

Required education: Bachelor Degree, or pursuing Bachelor Degree, preferably in human services field. May have relevant experience in exchange for human service degree. Must have good judgment, empathic, believe in inclusion, and some experience (may be less than a year) in working with children, youth and families.

Minimum Training Requirements (building blocks for core competencies)

- Understanding and how to implement therapeutic de-escalation techniques and crisis management and intervention (must be a formal training program, e.g. Therapeutic Crisis Intervention (TCI), Crisis Prevention Institute's Nonviolent Crisis Intervention (CPI)).
- Teaching and reinforcement of pro-social and coping skills
- Understanding of child development
- Understanding of childhood mental health
- Understanding of behavioral treatment and ability to implement an individualized behavior support plan
- Understanding on how to document and record behavioral data points and outcomes
- Knowledge of Special Education process and coordination with educational services
- Understanding family systems
- Knowledge of dynamics of trauma, domestic violence, and substance abuse and their effects on children
- First Aid/ CPR
- Knowledge of Cultural diversity
- Understanding of professional ethics including confidentiality (HIPAA), boundaries and mandated reporting
- Understanding transition and termination
- Understanding Family Education Rights Partnership Act (FERPA) confidentiality and the similarities/differences with HIPAA.
- Understanding of general instructional practices and how they relate to supporting students in the learning environment.

Additional Competencies:

- Ability to work on a team
- Ability to understand behavior and its function
- Ability to be flexible and work from a strengths-based perspective
- Ability to develop professionally and learn about new methods of intervention, promising and evidence-based practice.

Standards for Training and Experience of Clinical Supervisors of Behavior Interventionists.

Clinical Supervisor: Minimum of Master's degree in human services field or relevant field. Prefer ABA (Applied Behavioral Analysis) or FBA (Functional Behavioral Analysis) trained and/or BCBA (Board Certified Behavior Analyst). Experience in behavioral analysis and treatment; clinical and administrative supervision.

Administrative supervision and program structure may vary; however, at a minimum BI Program staffing must include supervision by a Master level clinician.

Standards for the Amount and Type of Clinical Supervision Provided to Behavior Interventionists.

Clinical Supervisor will:

- Provide Individual supervision 1 x a week, at least 1x a month on school site
- Provide Group supervision 1x month at agency
- Review cases, documentation, client management issues
- Meet periodically with the school administration to review performance, collaboration issues, contract issues

It is recommended that the supervision protocol within the school program and the mental health system is clearly outlined.

<p>Common Data on Outcomes Tracked at the Local and State Levels.</p>

At the end of every school year each BI Program will submit a report to the Department of Mental Health with the following information:

- Program description
- Staffing structure and roster
- Core competencies training schedule.
- Number of students served, MSR client number, school district, IEP or 504 eligibility, level of intervention (e.g. 1:1 versus 1:4 supports)
- Length of stay in program (admission date, if student continuing next school year or discharge date)
- If discharged, identify discharge status:
 - In school regular classroom with less supports or no additional supports
 - In school with similar level of supports
 - In an in-school alternative program
 - Referred to alternative school program off school grounds
 - Referred to residential program
 - Graduated
- Review the use of seclusion and restraint and report any unusual findings or practice challenges.

Data elements available to DMH through ASEBA web site or Monthly Service Report system

- CBCL – reduction in symptoms
- Age
- Gender
- CMHC
- Diagnosis